

**Illinois Enterprise Zone Program  
Application for New Designation  
Application Information and Instructions**

**INTRODUCTION**

The Illinois Enterprise Zone Act, 20 ILCS 655/1, *et seq.* (the “Act”), took effect December 7, 1982, and was amended effective in 2012 and 2013. The purpose of the Act is to stimulate business and industrial growth and retention in depressed areas and stimulate neighborhood revitalization of depressed areas by means of relaxed government controls and tax incentives. As amended, the Act requires applicants to satisfy various criteria set forth in Section 4 of the Act. The Department of Commerce and Economic Opportunity (the “Department”) reviews these applications based on the scoring system set forth in the Act, and then submits its recommendations to the Enterprise Zone Board to review and either approval or denial of such applications. (Applicants should thoroughly review the various appendices included with this applications, as well as the Act and administrative rules applicable to Enterprise Zones when completing this application.)

On-line applications are due to the Department by midnight on December 31, 2015. Manual submission of applications must be postmarked by December 31, 2015. **Any electronic application submitted after midnight on December 31, 2015 or hardcopy not postmarked by December 31, 2015, will not receive consideration.** Paper documents accompanying any on-line submission must also be postmarked by December 31, 2015. **Any paper documents relating to the application that are not postmarked by December 31, 2015 will not be considered.**

For Enterprise Zones that are scheduled to expire on or after January 1, 2017, an application process shall begin two (2) years prior to the year in which the zone expires, i.e., the application should be submitted by December 31, 2015 in order to potentially avoid any interruption in an Enterprise Zone designation. If you have a current Enterprise Zone that expires after December 31, 2017, the Enterprise Zone Board may not consider the application and deny your application. It is recommended that you apply no earlier than the second calendar year prior to your year of expiration.

For example: ABC County Enterprise Zone expires on July 1, 2018. ABC County reapplies for a new designation by December 31, 2015, for consideration and approval effective January 1, 2017. The Enterprise Zone may set aside such application because the application was submitted more than two (2) years prior to the year of expiration.
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No preference for designation as an Enterprise Zone will be given to the previously designated zone. (20 ILCS 655/4(1).)

Under the new designation, the total possible term for the Enterprise Zone is 25 years. The initial designation shall be for fifteen (15) years; however, an Enterprise Zone shall be subject to review by the Enterprise Zone Board after thirteen (13) years for an additional 10-year designation. During the review process, the Board shall consider the costs incurred by the State and units of local government as a result of tax benefits received by the enterprise zone. (20 ILCS 655/5.3(c).)

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**ELIGIBILITY REQUIREMENTS**

A proposed enterprise zone must qualify in accordance with Sections 4 and 5 of the Act. The application must demonstrate and the designating ordinance must find that the proposed zone area:

1. is a **contiguous** area, provided that a zone area may exclude wholly surrounded territory within its boundaries, 20 ILCS 655/4(1)(a);
2. comprises a **minimum of one-half square mile and not more than twelve (12) square miles, or fifteen (15) square miles** if the zone is located within the jurisdiction of four (4) or more counties or municipalities, in total area, exclusive of lakes and waterways; however, in such cases where the enterprise zone is a joint effort of three (3) or more units of government, or two (2) or more units of government if situated in a township which is divided by a municipality of 1,000,000 or more inhabitants, and where the certification has been in effect at least one (1) year, the total area will comprise a minimum of one-half square mile and not more than thirteen (13) square miles in total area exclusive of lakes and waterways, 20 ILCS 655/4(1)(b); and
3. meets at least **three (3)** of the qualifying criteria outlined in the Qualifying Criteria set forth in Section 4(1)(f) of the Act and Appendix A to this application.

**NOTE:** Applications are evaluated on a competitive basis against other applicants based upon all ten (10) qualifying criteria. Satisfying a minimum qualification of three (3) criteria will result in a recommendation of the application to the Enterprise Zone Board; however, in order to maximize the applications score, answer as many of the ten (10) qualifying criteria as possible.

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**Legal Applicant**

Legal Name of Enterprise Zone: \_\_\_\_\_

Total area of the proposed enterprise zone: \_\_\_\_\_ square miles

Is the proposed enterprise zone contiguous?                      YES                      NO

Please provide point of contact(s) information for future correspondence for this application

**Primary contact (Required)**

Name \_\_\_\_\_ Address (1) \_\_\_\_\_

Address (2) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

**Secondary contact (Optional)**

Name \_\_\_\_\_ Address (1) \_\_\_\_\_

Address (2) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Type of Application                      Single                      Joint

If joint, explain the need for the proposed zone to cover portions of more than one municipality and/or unincorporated area of the county.

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**Designated Zone Organization**

Does applicant intend to authorize designated zone organization(s)?                      YES                      NO

If yes – \*Describe the role of the designated zone organization(s) (DZO). List the functions, programs and services to be performed by the DZO. Cite the specific subsection of Section 8 of the Illinois Enterprise Zone Act and the section of the designating ordinance or intergovernmental agreement which authorizes the activities:

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**Description of Enterprise Zone and Maps**

Legal Description of Enterprise Zone

Please provide a brief non-legal description of your proposed Enterprise Zone. Description should be no more than 500 characters.

**Required Supporting Documentation**

**Maps - You must include one original and one hardcopy boundary map of the proposed zone, and a map of overlapping territory if a current zone (if applicable).**

**Shape File**

**If you are submitting your application electronically, you must upload a Shape File (zipped) to this website along with your application by midnight on December 31<sup>st</sup> or your application will not be considered. You can find instructions on shape files on this website.**

**If you are submitting your application manually, you may submit your shape file on a CD or thumb drive along with your application. Your application must be postmarked by December 31, 2015 or your application will not be considered.**

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**Local Labor Market Area Information**

Describe the LLMA used for this application submission.

Provide an explanation and justification for the LLMA used in this application submission.

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## LLMA Tracts

Enter all of the census tracts in your LLMA

[illegible]

If you need additional space, please attach a document in the same format as above.

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**Criterion 1 – Unemployment**

Definition: *All or part of the LLMA has had an annual average unemployment rate of at least 120% of the State's annual average unemployment rate for the most recent calendar year or the most recent fiscal year as reported by the Department of Employment Security.*

**Annual State Unemployment rate: 7.1%**

Applicants are **required** to enter the unemployment rate **for each of the census tracts** in your LLMA. List the unemployment rate for tracks that qualify and for those that do not qualify:

<b>Applicant Census Tracts in LLMA</b>	<b>Unemploy- ment Rate</b>

If you need additional space, please attach a document in the same format as above.

You may obtain the unemployment rates for your tracts by either:

Contacting IDES:

IDES Contact Person: Rich Reinhold

Email Address: Richard.Reinhold@Illinois.gov

Phone#: (312) 793-5896

OR

Through the Northern Illinois University Data Assistance Report. To generate a report, click

<http://www.enterprisezonesillinois.com/User/SignIn>

**Required Supporting Documentation**

**If you are submitting your application electronically, you must upload supporting documentation, such as data from NIU or IDES data, to this website by midnight on December 31, 2015, or your application will not be considered.**

**If you are submitting your application manually, supporting documentation, such as data from NIU or IDES data, must be included with your application and postmarked by December 31, 2015, or your application will not be considered.**



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**Criterion 2 – Substantial Employment Opportunities**

*Definition: Employment Opportunities: Designation will result in the development of substantial employment opportunities by creating or retaining a minimum aggregate of 1,000 full-time equivalent jobs due to an aggregate investment of \$100,000,000 or more, and will help alleviate the effects of poverty and unemployment within the LLMA. Applicants shall specify the time periods over which full-time equivalent jobs will be created or retained and aggregate investments will be made. Such time periods should not exceed fifteen (15) years from the expected date of designation. Applicants are encouraged to describe how the creation and retention of full-time equivalent jobs and new investment will help alleviate the effects of poverty and unemployment with the LLMA.*

**Documentation:**

Upload documentation that an entity or entities will invest a total of at least \$100 million and the creation or retention of 1,000 jobs\* within the term of the zone. Specify the time period over which jobs will be created or retained and investments will be made. Such time periods should not exceed fifteen (15) years from the expected date of designation.

**NOTE: ONLY INCLUDE DATA FOR THOSE JOBS AND INVESTMENTS THAT ARE A RESULT OF THE ZONE DESIGNATION, NOT THOSE THAT WOULD OCCUR OTHERWISE.** If the jobs and or investment would occur despite their being a Zone, they should not be included.

**Specific Commitment Letters**

Higher points are allocated for specific job creation or retention and investment commitments from individual businesses. Please complete the table below for each business that provided you a specific commitment for jobs or investment. Additionally, please upload the supporting letter or written documentation for each entry.

Name of Employer or Project \_\_\_\_\_

Number of Jobs Created \_\_\_\_\_ Number of Jobs Retained \_\_\_\_\_ Investment \$ \_\_\_\_\_

**If you are submitting your application electronically, you must upload the letter to this website by midnight on December 31, 2015 for it to be considered. If you are submitting your application manually, the letter must be included with your application and postmarked by December 31, 2015, for it to be considered.**

Name of Employer or Project \_\_\_\_\_

Number of Jobs Created \_\_\_\_\_ Number of Jobs Retained \_\_\_\_\_ Investment \$ \_\_\_\_\_

**If you are submitting your application electronically, you must upload the letter to this website by midnight on December 31, 2015 for it to be considered. If you are submitting your application manually, the letter must be included with your application and postmarked by December 31, 2015, for it to be considered.**

Name of Employer or Project \_\_\_\_\_

Number of Jobs Created \_\_\_\_\_ Number of Jobs Retained \_\_\_\_\_ Investment \$ \_\_\_\_\_

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Name of Employer or Project \_\_\_\_\_

Number of Jobs Created \_\_\_\_\_ Number of Jobs Retained \_\_\_\_\_ Investment \$ \_\_\_\_\_

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Name of Employer or Project \_\_\_\_\_

Number of Jobs Created \_\_\_\_\_ Number of Jobs Retained \_\_\_\_\_ Investment \$ \_\_\_\_\_

**If you are submitting your application electronically, you must upload the letter to this website by midnight on December 31, 2015 for it to be considered. If you are submitting your application manually, the letter must be included with your application and postmarked by December 31, 2015, for it to be considered.**

If you need additional space, please attach a document in the same format as above.

And/or

If you would like to include general non-commitment data (jobs and investment), please provide those figures below along with supporting documentation. For Economic Model Forecasts, please detail how an Enterprise Zone designation is a result in the job creation or retention and investment used.

NOTE: Please do not include jobs and investments that would otherwise be made regardless of Zone designation.

**Studies**

Creator of Study \_\_\_\_\_ Date of Study \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Jobs Created \_\_\_\_\_ Number of Jobs Retained \_\_\_\_\_ Investment \$ \_\_\_\_\_

**If you are submitting your application electronically, you must upload the letter to this website by midnight on December 31, 2015 for it to be considered. If you are submitting your application manually, the letter must be included with your application and postmarked by December 31, 2015, for it to be considered.**

Creator of Study \_\_\_\_\_ Date of Study \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Jobs Created \_\_\_\_\_ Number of Jobs Retained \_\_\_\_\_ Investment \$ \_\_\_\_\_

**If you are submitting your application electronically, you must upload the letter to this website by midnight on December 31, 2015 for it to be considered. If you are submitting your application manually, the letter must be included with your application and postmarked by December 31, 2015, for it to be considered.**

Creator of Study \_\_\_\_\_ Date of Study \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Jobs Created \_\_\_\_\_ Number of Jobs Retained \_\_\_\_\_ Investment \$ \_\_\_\_\_

**If you are submitting your application electronically, you must upload the letter to this website by midnight on December 31, 2015 for it to be considered. If you are submitting your application manually, the letter must be included with your application and postmarked by December 31, 2015, for it to be considered.**

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Creator of Study \_\_\_\_\_ Date of Study \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Jobs Created \_\_\_\_\_ Number of Jobs Retained \_\_\_\_\_ Investment \$ \_\_\_\_\_

**If you are submitting your application electronically, you must upload the letter to this website by midnight on December 31, 2015 for it to be considered. If you are submitting your application manually, the letter must be included with your application and postmarked by December 31, 2015, for it to be considered.**

Creator of Study \_\_\_\_\_ Date of Study \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Jobs Created \_\_\_\_\_ Number of Jobs Retained \_\_\_\_\_ Investment \$ \_\_\_\_\_

**If you are submitting your application electronically, you must upload the letter to this website by midnight on December 31, 2015 for it to be considered. If you are submitting your application manually, the letter must be included with your application and postmarked by December 31, 2015, for it to be considered.**

Creator of Study \_\_\_\_\_ Date of Study \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Jobs Created \_\_\_\_\_ Number of Jobs Retained \_\_\_\_\_ Investment \$ \_\_\_\_\_

**If you are submitting your application electronically, you must upload the letter to this website by midnight on December 31, 2015 for it to be considered. If you are submitting your application manually, the letter must be included with your application and postmarked by December 31, 2015, for it to be considered.**

If you need additional space, please attach a document in the same format as above.

**2) Describe how this investment and job creation or retention will help alleviate the effects of poverty and unemployment within the LLMA.**

*\*"Full-time equivalent job" means a job in which the new employee works for the recipient or for a corporation contract to the recipient at a rate of at least 35 hours per week. A recipient who employs labor or services at a specific site or facility under contract with another may declare one full-time, permanent job for every 1,820 man hours worked per year under that contract. Vacations, paid holidays, and sick time are included in this computation. Overtime is not considered a part of regular hours.*

*"Full-time retained job" means any employee defined as having a full-time or full-time equivalent job preserved at a specific facility or site, the continuance of which is threatened by a specific and demonstrable threat, which shall be specified in the application for development assistance. A recipient who employs labor or services at a specific site or facility under contract with another may declare one retained employee per year for every 1,750 man hours worked per year under that contract, even if different individuals perform on-site labor or services.*

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**Criterion 3 – Poverty**

Select one or more of the following poverty tests your LLMA meets and provide documentation:

A. All or part of the LLMA has a poverty rate of at least 20% according to the latest data from the U.S. Census Bureau.

Please provide Poverty Rate for **all tracts**, those that qualify and do not qualify.

<b>Applicant Census Tracts in LLMA</b>	<b>Poverty Rate</b>

If you need additional space, please attach a document in the same format as above.

B. 50% or more of children in the LLMA are eligible to participate in the federal free or reduced-price meals program according to reported statistics from the Illinois State Board of Education, or

Please provide % of students who are eligible to receive free or reduced lunch for **all tracts**, those that qualify and do not qualify

<b>School Name</b>	<b>Census Tract</b>	<b>Free/Reduced Lunch Indicator %</b>

If you need additional space, please attach a document in the same format as above.

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C. 20% or more households in the LLMA receive food stamps according to the latest data from the U.S. Census Bureau.

Please provide % of Households receiving SNAP for **all tracts**, those that qualify and do not qualify.

<b>Applicant Census Tracts in LLMA</b>	<b>Percent of Households Receiving SNAP</b>

If you need additional space, please attach a document in the same format as above.

Note: For test A, you may use census data showing that the entire LLMA meets this standard or you may use census data showing that there is at least one census geography that meets this standard within the LLMA. However, for tests B and C you must demonstrate that the entire LLMA meets the standards in B or C.

Documentation: For tests A or C, upload data from the most recent available American Community Survey (U.S. Census Bureau, ACSO 3K276, Washington DC 22033); for test A use the estimate of the percentage of all people in the geography whose income is below the poverty level; for test C use the estimate of households receiving food stamps; for test A and C do not use subgroups based on age, race, family type, work status, or other non-geographic subgroups.

OR

Use the NIU Data Report. To generate a report, click (go)here.....<http://www.enterprisezonesillinois.com/User/SignIn>

Documentation: For test B, attach data from the Illinois State Board of Education

OR

Use the NIU Data Report. To generate a report, click (go) here.....<http://www.enterprisezonesillinois.com/User/SignIn>

**Required Supporting Documentation**

**If you are submitting your application electronically, you must upload the supporting documentation described above to this website by midnight on December 31, 2015, or your application will not be considered.**

**If you are submitting your application manually, the supporting documentation described above must be included with your application and postmarked by December 31, 2015, or your application will not be considered.**

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**Criterion 4 – Abandoned Coal Mine, Brownfield or Federal Disaster Area**

Indicate which of the three items you are claiming; applicants can mark one, two, or all three items as applicable. Note that for this criterion, the qualifying item must be located in the proposed zone, as opposed to areas in the LLMA outside of the proposed zone.

**abandoned coal mine(s)** located in the proposed zone addition area

NOTE: You can find information on Abandoned Coal Mines by visiting the Illinois Department of Natural Resources website, <http://maps.dnr.illinois.gov/illinoisminepermits/>, and selecting the AML Project Sites on the Layer List supplied on the right side the map. Make sure that only AML Project Site is selected to ensure only abandoned coal mines are displayed. You can then click on a chosen site on the map and view "Site Information" to have additional information displayed. More points are awarded for Abandoned Coal Mines that are priority 1 or 2.

<b>Illinois DNR Number</b>	<b>Is this a Priority 1 or 2 Reported Mine?</b>	<b>Is the Mine Within the Enterprise Zone? MUST be located within the Enterprise Zone, to qualify</b>

If you need additional space, please attach a document in the same format as above.

**If you are submitting your application electronically, you must upload supporting documentation from IDNR for each mine to this website by midnight on December 31, 2015 for it to be considered. If you are submitting your application manually, supporting documentation from IDNR must be included with your application and postmarked by December 31, 2015 for it to be considered.**

**brownfield(s)** located in the proposed zone addition area, or

A brownfield site must be listed in the Illinois Environmental Protection Agency Site Remediation Program database. Applicants are encouraged to provide the 10-digit Illinois Environmental Protection Agency identification number ("LPC #") for the site.  
Illinois EPA Website  
<http://www.epa.illinois.gov/topics/cleanup-programs/brownfields/database/index>  
More points are awarded for Brownfields that are listed on the US Environmental Protection Agency's National Priorities List. To find out if your Brownfield is listed on this list, click here <http://www.epa.gov/superfund/sites/query/queryhtm/nplfin.htm#IL> and select the state of Illinois

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US Priority ID Number	Illinois EPA Number	Is the Brownfield Within the Enterprise Zone? MUST be located within the Enterprise Zone, to qualify

If you need additional space, please attach a document in the same format as above.

**If you are submitting your application electronically, you must upload supporting documentation from the Illinois and/or Federal EPA or other source to this website by midnight on December 31, 2015 for it to be considered. If you are submitting your application manually, supporting documentation from the Illinois and/or Federal EPA or other source must be included with your application and postmarked by December 31, 2015 for it to be considered.**

all or a portion of the proposed zone was declared a **federal disaster area** in the 3 years preceding the date of application.

To document that a portion of the proposed zone was declared a federal disaster area in the three (3) years preceding the date of the application, the applicant must provide the major disaster declaration number, the area designated as adversely affected by the major disaster, and date of the declaration. Applicants are encouraged to use copies of the appropriate notices in the Federal Register of a major disaster declaration and related determinations. This does not include emergency declarations or fire management assistance declarations.

To find natural disaster declarations in the state of Illinois, applicants can visit the Federal Emergency Management Agency website, <https://www.fema.gov/disasters>, select Illinois for the state, keep "Any" for the Disaster Type, select either "Major Disaster Declaration" or "Emergency Declaration" for the Declaration Type and click "Go." The website will list the last twenty (20) disaster declarations in the state of Illinois. Applicants will have to view each declaration individually to determine if their area was in the affected area. From the declaration they can determine location, docket #, incident date, declaration date, and assistance type.

Federal Declaration Number	Description Tornado, Flood, Snow Storm, Hurricane, Earthquake or Drought	Is the Disaster Area Within the Enterprise Zone? MUST be located within the Enterprise Zone, to qualify

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If you need additional space, please attach a document in the same format as above.

**If you are submitting your application electronically, you must upload supporting documentation/notices from the Federal Register of major disaster declaration to this website by midnight on December 31, 2015 for it to be considered. If you are submitting your application manually, supporting documentation/notices from the Federal Register of major disaster declaration must be included with your application and postmarked by December 31, 2015 for it to be considered.**



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**Criterion 5 –Large Scale Plant Closings**

Mark which one of the items has occurred within the five (5) years prior to the date of the application within the LLMA:

**Plant closures/downsizes** affecting more than 50 workers, or

**Private Closings**

Please provide total number of employees laid off or terminated due to private company closings. To qualify, you must have at least 50 employees adversely affect within the past five (5) years. If you initially qualify, you may then provide data for the past ten (10) years.

Date of Occurrence	# of Employees	Tract Number	Company Name

If you need additional space, please attach a document in the same format as above.

**State or federal facility** closures/downsizes

**Public Closings**

Please provide total number of employees laid off or terminated due to public facility closings. To qualify, you must have at least 50 employees adversely affect within the past five (5) years.

Date of Occurrence	# of Employees	Tract Number	Facility Name

If you need additional space, please attach a document in the same format as above.

Documentation: Applicants are encouraged to use data from filings made pursuant to the Illinois Worker Adjustment and Retraining Notification Act ("WARN") and the State Facilities Closure Act as evidence of job losses under this test.

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**Criterion 6 – Vacant Structures**

This criteria considers vacant structures for qualification within the LLMA. Based on data from Multiple Listing information or other suitable sources\*, the applicant must document that as of the date of the application.

Note: Applicants are encouraged to provide the total square feet of vacant and/or demolished Industrial, and Commercial buildings located within the LLMA, as well as the total square feet of Industrial and Commercial buildings located within the LLMA.

LLMA contains high floor vacancy rate\* of **industrial**  
Total Square Feet of Vacant/Demolished Industrial Buildings in LLMA \_\_\_\_\_  
Total Square Feet of all Industrial Buildings in LLMA (occupied and vacant \_\_\_\_\_  
Vacancy Rate \_\_\_\_\_

**\*LLMA industrial high floor vacancy rate must exceed state average industrial vacancy rate of 7.7%**

**If you are submitting your application electronically, you must upload supporting documentation to this website by midnight on December 31, 2015 for it to be considered. If you are submitting your application manually, supporting documentation must be included with your application and postmarked by December 31, 2015 for it to be considered.**

LLMA contains high floor vacancy rate of **commercial** properties  
Total Square Feet of Vacant/Demolished Commercial Buildings in the LLMA \_\_\_\_\_  
Total Square Feet of all Commercial Buildings in the LLMA (occupied and vacant \_\_\_\_\_  
Vacancy Rate \_\_\_\_\_

**\*LLMA commercial high floor vacancy rate exceeds state average commercial vacancy rate of 9.5%**

**If you are submitting your application electronically, you must upload supporting documentation to this website by midnight on December 31, 2015 for it to be considered. If you are submitting your application manually, supporting documentation must be included with your application and postmarked by December 31, 2015 for it to be considered.**

LLMA contains prevalent\* vacant or demolished **commercial and industrial** structures  
Total Square Feet of Vacant/Demolished Commercial and Industrial Buildings in the LLMA \_\_\_\_\_  
Total Square Feet of all Commercial and Industrial Buildings in the LLMA \_\_\_\_\_  
Vacant and Demolished Rate \_\_\_\_\_

**\*(Prevalent means LLMA vacancy/ demolished rate exceeds 5%**

**If you are submitting your application electronically, you must upload supporting documentation to this website by midnight on December 31, 2015 for it to be considered. If you are submitting your application manually, supporting documentation must be included with your application and postmarked by December 31, 2015 for it to be considered.**

LLMA contains at least one industrial structure in the LLMA are not used because of age, deterioration, relocation of the former occupants, or cessation of operation. **Please provide supporting documentation that there exists at least one industrial structure in LLMA that's not used due to any of the above listed reasons.**

Total Number of Industrial Buildings that are not used due to age, deterioration, relocation or cessation of operations \_\_\_\_\_

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If you need additional space, please attach a document in the same format as above.

**Additional Supplemental Documentation**

Source	Date

If you need additional space, please attach a document in the same format as above.

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**Criterion 7 – Tax Improvement Plan**

Attach a plan that demonstrates how zone designation will improve that base for the State and the local taxing bodies affected by the proposed zone. Specifically, the plan must address each of the three tax basis listed below.

Make sure that you provide for each the total current tax basis and the increase over the basis ONLY.

Note: Do not provide the combined total base amount and the increase. Supporting documentation must be submitted.

**State and Local sales tax base**

Current Sales Tax Revenue \_\_\_\_\_

Increase in Sales Tax Revenue \_\_\_\_\_

**State income tax base**

Current Income Tax Revenue \_\_\_\_\_

Increase in Income Tax Revenue \_\_\_\_\_

**Property tax base**

Current Property Tax Revenue \_\_\_\_\_

Increase in Property Tax Revenue \_\_\_\_\_

**Plan Documentation**

Plan Author	Date	Brief Description

If you need additional space, please attach a document in the same format as above.

**If you are submitting your application electronically, you must upload each plan listed above to this website by midnight on December 31, 2015 for it to be considered. If you are submitting your application manually, each plan listed above must be included with your application and postmarked by December 31, 2015 for it to be considered.**

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**Criterion 8 – Public Infrastructure Improvement Plan**

Attach the following:

An inventory of the public infrastructure\* that demonstrates that significant public infrastructure exists in the LLMA to support economic development at the time of the application.

Please use the following grid to enter your main Infrastructure that currently exists in the LLMA

Municipality (unit of Government)	Type of Infrastructure	Description	Category of Infrastructure (see list below)

If you need additional space, please attach a document in the same format as above.

Infrastructure Categories

Chemical Sector

Commercial Facilities Sector

Communications Sector

Critical Manufacturing Sector

Dams Sector

Defense Industrial Base Sector

Emergency Services Sector

Energy Sector

Financial Services Sector

Food and Agriculture Sector

Government Facilities Sector

Healthcare and Public Health Sector

Information Technology Sector

Nuclear Reactors, Materials, and Waste Sector

Transportation Systems Sector

Water and Wastewater Systems Sector

**If you are submitting your application electronically, you must upload supporting documentation regarding the above Infrastructure Inventory List including Illustrative Maps of Infrastructure to this website by midnight on December 31, 2015 for it to be considered. If you are submitting your application manually, supporting documentation regarding the above Infrastructure Inventory List including Illustrative Maps of Infrastructure must be included with your application and postmarked by December 31, 2015 for it to be considered.**

Also upload Public Infrastructure Documentation (optional)

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B) A three-year public infrastructure improvement and development plan for each municipality and/or county government in the zone. It does not need to address all of the capital expenditures for the city or county, but should provide for large, physical improvements that are permanent in nature and that are needed for the functioning of the community, including transportation, utilities, etc.

Specifically, the plans must include all of the following parts:

- A listing of the capital improvement projects
- The three year plan for financing the projects.
- A timetable for the construction or completion of the projects over the three year period.
- Justification for the projects

Please provide a listing of the critical infrastructures that exists in your LLMA and upload any supporting documentation

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**Public Infrastructure 3 year Plan**

Project

Municipality \_\_\_\_\_  
Description

2016 Funding amount \$ \_\_\_\_\_ 2016 Funding Source \_\_\_\_\_

2017 Funding amount \$ \_\_\_\_\_ 2017 Funding Source \_\_\_\_\_

2018 Funding amount \$ \_\_\_\_\_ 2018 Funding Source \_\_\_\_\_

Justification for Project

Timetable for completion \_\_\_\_\_

Project

Municipality \_\_\_\_\_  
Description

2016 Funding amount \$ \_\_\_\_\_ 2016 Funding Source \_\_\_\_\_

2017 Funding amount \$ \_\_\_\_\_ 2017 Funding Source \_\_\_\_\_

2018 Funding amount \$ \_\_\_\_\_ 2018 Funding Source \_\_\_\_\_

Justification for Project

Timetable for completion \_\_\_\_\_

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Project

Municipality \_\_\_\_\_  
Description \_\_\_\_\_

2016 Funding amount \$ \_\_\_\_\_ 2016 Funding Source \_\_\_\_\_

2017 Funding amount \$ \_\_\_\_\_ 2017 Funding Source \_\_\_\_\_

2018 Funding amount \$ \_\_\_\_\_ 2018 Funding Source \_\_\_\_\_

Justification for Project \_\_\_\_\_

Timetable for completion \_\_\_\_\_

Project

Municipality \_\_\_\_\_  
Description \_\_\_\_\_

2016 Funding amount \$ \_\_\_\_\_ 2016 Funding Source \_\_\_\_\_

2017 Funding amount \$ \_\_\_\_\_ 2017 Funding Source \_\_\_\_\_

2018 Funding amount \$ \_\_\_\_\_ 2018 Funding Source \_\_\_\_\_

Justification for Project \_\_\_\_\_

Timetable for completion \_\_\_\_\_



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NOTE: Plans for past periods, will not meet the requirements. The three (3) year plan must be a forward-looking, future plan for the years 2016, 2017 and 2018.

\*"Public infrastructure" means local roads and streets, access roads, bridges, and sidewalks; waste disposal systems; water and sewer line extensions and water distribution and purification facilities, and sewage treatment facilities; rail or air or water port improvements; gas and electric utility facilities; transit capital facilities; development and improvement of publicly owned industrial and commercial sites, or other public capital improvements that are an essential precondition to a business retention, development or expansion.

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**Criterion 9 – Manufacturing Skills Program**

High schools or community colleges located within the LLMA are engaged in ACT Work Keys, Manufacturing Skills Standard Certification, or industry-based credentials that prepare students for careers.

Documentation: Applicants should list all high schools and community colleges in the Local Labor Market Area and indicate which high schools and community colleges are engaged in ACT Work Keys, Manufacturing Skills Standard Certification, or other industry-based credentials that prepare students for careers. Applicants must provide written documentation from more than one high school and/or community college within the LLMA that the institution is providing ACT Work Keys, Manufacturing Skills Standard Certification, or industry-based credentials that prepare students careers at some time during the current school year.

List the schools below and indicate either ACT Work Keys OR Manufacturing/Industrial

<b>School Name</b>	<b>ACT Work Keys Y/N</b>	<b>Manufacturing/Industrial Y/N</b>

If you need additional space, please attach a document in the same format as above.

**If you are submitting your application electronically, you must upload supporting documentation for each school to this website by midnight on December 31, 2015 for it to be considered. If you are submitting your application manually, supporting documentation must be included for each school with your application and postmarked by December 31, 2015 for it to be considered.**

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**Criterion 10 – Equalized Assessed Valuation (“EAV”)**

The change in EAV of industrial or commercial properties in the five (5) years prior to the date of application is equal to or less than 50% of the State average change in EAV for industrial or commercial properties, as applicable, for the same period of time.

NOTE: Please use the following table to enter your EAV LLMA totals per year for each category and calculate the yearly change. The Statewide totals represent total Statewide EAV for that particular category. With this information we will calculate the totals to determine qualification and scoring. In our calculations, we take the yearly LLMA change, then average the four (4) years, to determine if it is greater than or equal to four (4) year State average. This is done per category.

If you are uncertain as to your qualification, to maximize the opportunity to gain as many points as possible, you should complete the table below. The Department will calculate your averages to determine qualification and ranking.

**You MUST enter the total for your LLMA for each entry below**

<b>Year</b>	<b>Type</b>	<b>Statewide Total</b>	<b>LLMA Total</b>
2009	Commercial	\$91,147,981,000	
2009	Industrial	\$32,008,103,000	
2009	Commercial + Industrial	\$123,156,083,000	
2010	Commercial	\$85,754,226,000	
2010	Industrial	\$31,143,883,000	
2010	Commercial + Industrial	\$116,898,109,000	
2011	Commercial	\$77,237,324,000	
2011	Industrial	\$29,585,748,000	
2011	Commercial + Industrial	\$107,096,072,000	
2012	Commercial	\$72,900,605,000	
2012	Industrial	\$28,276,446,000	
2012	Commercial + Industrial	\$101,177,051,000	
2013	Commercial	\$69,202,564,000	
2013	Industrial	\$27,197,994,000	
2013	Commercial + Industrial	\$96,400,558,000	

Documentation: **Please upload supporting documentation to this website of your LLMA’s EAV values. If your LLMA is the entire county, you may obtain your totals from the Illinois Department of Revenue:**

(<http://www.revenue.state.il.us/AboutIdor/TaxStats/> (Under Property Tax Statistics, select year, select Table 15, open, under Commercial and Industrial columns scroll down until you find your county values.) **If your LLMA is less than the entire county, you must obtain the supporting documentation from the local county assessor’s office. It is suggested that you obtain the information per tract. If the tract has a portion of the LLMA within, you may include the entire tract.**

**Required Supporting Documentation**

**If you are submitting your application electronically, you must upload the supporting documentation described above to this website by midnight on December 31, 2015 or your application will not be considered.**

**If you are submitting your application manually, the supporting documentation described above must be included with your application and postmarked by December 31, 2015 or your application will not be considered.**

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**Public Hearing Documentation**

The designating unit(s) of government must, after proper public notice, conduct at least one public hearing within the proposed enterprise zone on the question of whether to create the zone, what the boundaries of the zone should be and what local plans, tax incentives and other programs should be established in connection with the enterprise zone. A transcript of the hearing (not minutes, and not a tape recording) must be prepared and submitted.

**Public Hearing**

Was the public hearing held in the enterprise zone? YES NO

Date of Hearing \_\_\_\_/\_\_\_\_/\_\_\_\_

**If you are submitting your application electronically, you must upload transcripts of the public hearing(s) to this website by midnight on December 31, 2015 for it to be considered. If you are submitting your application manually, transcripts of the public hearing(s) must be included with your application and postmarked by December 31, 2015 for it to be considered.**

**Notice of Public Hearing Documentation**

Was the notice of public hearing published within at least one generally circulated newspaper, not more than twenty (20) days or less than five (5) days prior to the public hearing? YES or NO

NOTE - This is a mandatory statutory requirement to provide a public notice in a newspaper of general circulation. Please hold a public hearing and provide adequate public notice.

**If you are submitting your application electronically, you must upload the notice of hearing to this website by midnight on December 31, 2015 for it to be considered. If you are submitting your application manually, the notice of hearing must be included with your application and postmarked by December 31, 2015 for it to be considered.**

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**Designating Ordinances**

**You must submit one copy of each unit of government's Ordinance.** All hard copies **MUST BE postmarked by** December 31, 2015.

Illinois Department of Commerce and Economic Opportunity  
Enterprise Zone Program  
500 East Monroe, Fourth Floor  
Springfield, Illinois 62701

Name of Unit	Document Title	Document Number	Date Executed

If you need additional space, please attach a document in the same format as above.

Is there a signed designating ordinance for each participating unit of government? YES NO  
NOTE - You must provide a signed designating ordinance for each participating unit

Do you have at least two certified copies of each participating units designating ordinance? YES NO  
NOTE - Please obtain a minimum of two certified copies and mail to the above listed address

Do you have at least one original copy of each participating units designating ordinance? YES NO  
NOTE - Please obtain one original copy of the signed designating ordinance and mail to the above listed address

Do all ordinances have all required signatures? YES NO  
NOTE - Please obtain all required signature prior to submission

Does the designating ordinance contain a legal description of the area comprising the Enterprise Zone? YES NO  
NOTE - Because this information is mandatory, please provide an explanation why you are not able to comply with requirement at this time  
If you answered no, please explain

Does the designating ordinance find that a minimum of the 3 qualifying criteria is met? YES NO  
NOTE - This information is mandatory. Failure to provide may prevent your chances for designation

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Does the designating ordinance provide details of property tax abatements and other benefits exclusive to the Enterprise Zone?

YES

NO

NOTE - If the proposed Zone will include incentives other than the standard Enterprise Zone state sales tax exemptions, (i.e. property tax abatements, building fee waivers), please include this information within the designating ordinance

Does the designating ordinance provide a term\* for the proposed Zone?

YES

NO

NOTE - Please make sure this information is included within the designating ordinance

Does the designating ordinance provide provisions for the position, selection process and duties of a Zone Administrator?

YES

NO

NOTE – This information is necessary. Please make sure this information is included within the designating ordinance

Does the designating ordinance designate proposed area as an Enterprise Zone, subject to the approval of the Department in accordance with the Enterprise Zone Act?

YES

NO

NOTE - This is a requirement. Please make sure this information is provided

**“\*” NOTE: The term should be a 15 years (or for lesser number of years specified in the certified designating ordinance) commencing on January 1, 2017. After the 13<sup>th</sup> year, the zone is subject to review by the Enterprise Zone Board for an additional 10-year designation beginning on the expiration date of the enterprise zone. During the review process, the Enterprise Zone Board shall consider the costs incurred by the State and units of local government as a result as a result of tax benefits received by the Enterprise Zone.**

**Illinois Enterprise Zone Program  
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**Resolutions**

**Upload only one electronic copy of each taxing district's Resolution.** All Hard copies (one original and one certified copy) **MUST BE postmarked by** December 31, 2015.

Illinois Department of Commerce and Economic Opportunity  
Enterprise Zone Program  
500 East Monroe, Fourth Floor  
Springfield, Illinois 62701

Is there a signed resolution for each participating taxing district? YES NO  
NOTE - You must provide a signed resolution for each participating taxing district

Do you have at least two certified copies of each participating taxing district's resolution? YES NO  
NOTE - Please obtain a minimum of two certified copies and mail to the above listed address

Do you have at least one original copy of each participating taxing district's resolution? YES NO  
NOTE - Please obtain one original copy of the signed participating taxing district's resolution and mail to the above listed address.

Do all ordinances have complete required signatures? YES NO  
NOTE - Please obtain all required signature prior to submission

Does each participating taxing district's Resolution provide a provision for the terms of the property tax abatement? YES NO  
NOTE - Please make sure this information is provided

**Resolutions**

Name of Unit	Document Title	Document Number	Date Executed

If you need additional space, please attach a document in the same format as above.

**You must upload each resolution document to this website in order for your application to be considered complete.**

**Illinois Enterprise Zone Program  
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**Intergovernmental Agreement**

**This section must be completed for joint applications**

**Upload only one electronic copy of the intergovernmental agreement.** All Hard copies (one original and one certified copy) **MUST BE postmarked by** December 31, 2015.

Illinois Department of Commerce and Economic Opportunity  
Enterprise Zone Program  
500 East Monroe, Fourth Floor  
Springfield, Illinois 62701

An intergovernmental agreement signed and approved by all joint applicants must be executed and submitted as part of the application package. The intergovernmental agreement must include:

Is the Inter-Governmental Agreement signed by all units of Government that comprise this application?	YES	NO
---	-----	----

NOTE - All signatures are required. Please correct and resubmit.

Do you have at least two certified copies of the Inter-Governmental Agreement?	YES	NO
--	-----	----

NOTE - Please obtain a minimum of two certified copies and mail to the above listed address

Do you have at least one original copy of each Inter-Governmental Agreement?	YES	NO
--	-----	----

Note - Please obtain one original copy of the signed Inter-Governmental Agreement and mail to the above listed address

Does the Inter-Governmental Agreement contain a legal description of the area comprising the Enterprise Zone?	YES	NO
---	-----	----

NOTE - Because this information is mandatory, please provide an explanation why you are not able to comply with requirement at this time

If you answered no, please explain why

Does the Inter-Governmental Agreement provide details of property tax abatements and other benefits exclusive to the Enterprise Zone?	YES	NO
---	-----	----

NOTE - If the proposed Zone will include incentives other than the standard Enterprise Zone state sales tax exemptions, such as property tax abatements, building fee waivers, etc., please include this information within the Inter-Governmental Agreement

Does the Inter-Governmental Agreement provide a term* for the proposed Zone?	YES	NO
--	-----	----

NOTE - Please make sure this information is contained within the Inter-Governmental Agreement



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Does the Inter-Governmental Agreement provide provisions for the position, selection process and duties of a Zone Administrator? YES NO

NOTE - This information is necessary. Please make sure this information is included within the Inter-Governmental Agreement

Does the Inter-Governmental Agreement provide a provision for the management Structure and operation of the Enterprise Zone? YES NO

NOTE - This information is required. Please make sure this information is included

Is there a Designated Zone Organization for the proposed Zone? YES NO

If Yes, then:

Does the Inter-Governmental Agreement provide a provision for the method of selecting designated zone organizations and coordinating their activities with each designating unit of government?

NOTE - This information is required. Please make sure this information is included

**“\*” NOTE: The term should be a 15 years (or for lesser number of years specified in the certified designating ordinance) commencing on January 1, 2017. After the 13<sup>th</sup> year, the zone is subject to review by the Enterprise Zone Board for an additional 10-year designation beginning on the expiration date of the enterprise zone. During the review process, the Enterprise Zone Board shall consider the costs incurred by the State and units of local government as a result as a result of tax benefits received by the Enterprise Zone.**

**You must upload your Intergovernmental Agreement to this website if you are submitting a joint application; otherwise your application will not be considered complete**

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**Development Goals and Objectives**

List and explain in order of priority the specific three year development goals and objectives of the enterprise zone. The objectives must be quantifiable. Describe the specific tasks, activities and commitments which must be accomplished to achieve each objective. Indicate who is responsible for each task or activity and when each task will be completed. For example, if a business retention effort is proposed, identify the elements of the proposal, who will be responsible for the program and the time line for program initiation and completion.

**Three Year Development Goals of Enterprise Zone**

**\*\*\*You must upload supporting documentation to this website for each goal**

**Priority 1 Goal**

Brief Description of Goal

**Tasks Activities and Commitments for this goal**

<b>Type Task, Activity or Commitment</b>	<b>Start Date</b>	<b>End Date</b>	<b>Description</b>	<b>Contact Person Name and Address</b>

**If you are submitting your application electronically, you must upload supporting documentation for each goal to this website by midnight on December 31, 2015 for it to be considered. If you are submitting your application manually, supporting documentation for each goal must be included with your application and postmarked by December 31, 2015 for it to be considered.**

**Priority 2 Goal**

Brief Description of Goal

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**Tasks Activities and Commitments for this goal**

Type Task, Activity or Commitment	Start Date	End Date	Description	Contact Person Name and Address

**If you are submitting your application electronically, you must upload supporting documentation for each goal to this website by midnight on December 31, 2015 for it to be considered. If you are submitting your application manually, supporting documentation for each goal must be included with your application and postmarked by December 31, 2015 for it to be considered.**

**Priority 3 Goal**

Brief Description of Goal

**Tasks Activities and Commitments for this goal**

Type Task, Activity or Commitment	Start Date	End Date	Description	Contact Person Name and Address

**If you are submitting your application electronically, you must upload supporting documentation for each goal to this website by midnight on December 31, 2015 for it to be considered. If you are submitting your application manually, supporting documentation for each goal must be included with your application and postmarked by December 31, 2015 for it to be considered.**

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**Priority 4 Goal**

Brief Description of Goal

**Tasks Activities and Commitments for this goal**

<b>Type Task, Activity or Commitment</b>	<b>Start Date</b>	<b>End Date</b>	<b>Description</b>	<b>Contact Person Name and Address</b>

**If you are submitting your application electronically, you must upload supporting documentation for each goal to this website by midnight on December 31, 2015 for it to be considered. If you are submitting your application manually, supporting documentation for each goal must be included with your application and postmarked by December 31, 2015 for it to be considered.**

**Priority 5 Goal**

Brief Description of Goal

**Tasks Activities and Commitments for this goal**

<b>Type Task, Activity or Commitment</b>	<b>Start Date</b>	<b>End Date</b>	<b>Description</b>	<b>Contact Person Name and Address</b>

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**If you are submitting your application electronically, you must upload supporting documentation for each goal to this website by midnight on December 31, 2015 for it to be considered. If you are submitting your application manually, supporting documentation for each goal must be included with your application and postmarked by December 31, 2015 for it to be considered.**

**Priority 6 Goal**

Brief Description of Goal

**Tasks Activities and Commitments for this goal**

Type Task, Activity or Commitment	Start Date	End Date	Description	Contact Person Name and Address

**If you are submitting your application electronically, you must upload supporting documentation for each goal to this website by midnight on December 31, 2015 for it to be considered. If you are submitting your application manually, supporting documentation for each goal must be included with your application and postmarked by December 31, 2015 for it to be considered.**

**Priority 7 Goal**

Brief Description of Goal

**Tasks Activities and Commitments for this goal**

Type Task, Activity or Commitment	Start Date	End Date	Description	Contact Person Name and Address

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**If you are submitting your application electronically, you must upload supporting documentation for each goal to this website by midnight on December 31, 2015 for it to be considered. If you are submitting your application manually, supporting documentation for each goal must be included with your application and postmarked by December 31, 2015 for it to be considered.**

**Priority 8 Goal**

Brief Description of Goal

**Tasks Activities and Commitments for this goal**

<b>Type Task, Activity or Commitment</b>	<b>Start Date</b>	<b>End Date</b>	<b>Description</b>	<b>Contact Person Name and Address</b>

**If you are submitting your application electronically, you must upload supporting documentation for each goal to this website by midnight on December 31, 2015 for it to be considered. If you are submitting your application manually, supporting documentation for each goal must be included with your application and postmarked by December 31, 2015 for it to be considered.**

**Priority 9 Goal**

Brief Description of Goal

**Tasks Activities and Commitments for this goal**

<b>Type Task, Activity or Commitment</b>	<b>Start Date</b>	<b>End Date</b>	<b>Description</b>	<b>Contact Person Name and Address</b>

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**If you are submitting your application electronically, you must upload supporting documentation for each goal to this website by midnight on December 31, 2015 for it to be considered. If you are submitting your application manually, supporting documentation for each goal must be included with your application and postmarked by December 31, 2015 for it to be considered.**

**Priority 10 Goal**

Brief Description of Goal

**Tasks Activities and Commitments for this goal**

<b>Type Task, Activity or Commitment</b>	<b>Start Date</b>	<b>End Date</b>	<b>Description</b>	<b>Contact Person Name and Address</b>

**If you are submitting your application electronically, you must upload supporting documentation for each goal to this website by midnight on December 31, 2015 for it to be considered. If you are submitting your application manually, supporting documentation for each goal must be included with your application and postmarked by December 31, 2015 for it to be considered.**

**Priority 11 Goal**

Brief Description of Goal

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**Tasks Activities and Commitments for this goal**

Type Task, Activity or Commitment	Start Date	End Date	Description	Contact Person Name and Address

**If you are submitting your application electronically, you must upload supporting documentation for each goal to this website by midnight on December 31, 2015 for it to be considered. If you are submitting your application manually, supporting documentation for each goal must be included with your application and postmarked by December 31, 2015 for it to be considered.**

**Priority 12 Goal**

Brief Description of Goal

**Tasks Activities and Commitments for this goal**

Type Task, Activity or Commitment	Start Date	End Date	Description	Contact Person Name and Address

**If you are submitting your application electronically, you must upload supporting documentation for each goal to this website by midnight on December 31, 2015 for it to be considered. If you are submitting your application manually, supporting documentation for each goal must be included with your application and postmarked by December 31, 2015 for it to be considered.**

If you need additional space, please attach a document in the same format as above.



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**Local Incentives**

Furnish the information in the format described below for each local incentive, program, special activity or commitment to be provided in support of the proposed enterprise zone program. Include only those incentives which will be offered, not those "under consideration".

- A. Incentive: Briefly describe each incentive and its purpose.
- B. Implementation: Describe how the incentive, program or activity will be implemented.
- C. Provider: Indicate who will provide the incentive. If the applicant is the provider, indicate "applicant". In the case of a joint application, indicate the name of the appropriate unit of government. If someone else is the provider, indicate the name of the organization, entity or individual. Provide evidence of commitment or assurances in the form of ordinances, resolutions, or letters from private sector entities. (Note: *Non-applicant taxing bodies, such as school districts, which are participating in the abatement of property tax, must provide a resolution from the governing board authorizing such participation.*)
- D. Limitations/Applicability: Indicate any special conditions or qualifications imposed on the applicability of the incentive such as phase in/phase out schedules, permit requirements, property class eligibility, prevailing wage or living wage requirements, etc.
- E. Period of Availability: Indicate the time period for which the incentive will be made available.
- F. Source of Funds: For activities which require direct expenditures, indicate the source of funds.
- G. Revenue Impact: Briefly describe and estimate the impact of the incentive on the revenues of the designating unit(s) of government.
- H. Benefit to Zone Residents: Describe and estimate the intended effect and anticipated benefits to zone residents and businesses.

**Incentives**

Provider \_\_\_\_\_

Incentive      Utility Sales Tax Exemptions      Manufacturing, Machinery and Equipment Sales Tax Exemption  
                     Building Material Sales Tax Exemption      Investment Credit  
                     Property Tax Abatement (you must provide the additional information below)  
                     Fee Waivers      Other

For Property Tax Abatements, provide the following:

Name of Taxing District	Description of Property Tax Abatement	Qualifying Property Type Industrial, Commercial, Residential, Manufacturing

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Purpose

Implementation

Incentive Description

Limitations/Exclusions

Incentive Start Date

Incentive End Date

Source of Funds

Revenue Impact

Benefit to Zone Residents

Provider \_\_\_\_\_

Incentive      Utility Sales Tax Exemptions      Manufacturing, Machinery and Equipment Sales Tax Exemption  
                  Building Material Sales Tax Exemption      Investment Credit  
                  Property Tax Abatement (you must provide the additional information below)  
                  Fee Waivers      Other

For Property Tax Abatements, provide the following:

<b>Name of Taxing District</b>	<b>Description of Property Tax Abatement</b>	<b>Qualifying Property Type</b> Industrial, Commercial, Residential, Manufacturing

Purpose

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Implementation

Incentive Description

Limitations/Exclusions

Incentive Start Date

Incentive End Date

Source of Funds

Revenue Impact

Benefit to Zone Residents

Provider \_\_\_\_\_

Incentive      Utility Sales Tax Exemptions      Manufacturing, Machinery and Equipment Sales Tax Exemption  
                  Building Material Sales Tax Exemption      Investment Credit  
                  Property Tax Abatement (you must provide the additional information below)  
                  Fee Waivers      Other

For Property Tax Abatements, provide the following:

<b>Name of Taxing District</b>	<b>Description of Property Tax Abatement</b>	<b>Qualifying Property Type</b> Industrial, Commercial, Residential, Manufacturing

Purpose

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Implementation

Incentive Description

Limitations/Exclusions

Incentive Start Date

Incentive End Date

Source of Funds

Revenue Impact

Benefit to Zone Residents

Provider \_\_\_\_\_

Incentive      Utility Sales Tax Exemptions      Manufacturing, Machinery and Equipment Sales Tax Exemption  
                     Building Material Sales Tax Exemption      Investment Credit  
                     Property Tax Abatement (you must provide the additional information below)  
                     Fee Waivers      Other

For Property Tax Abatements, provide the following:

<b>Name of Taxing District</b>	<b>Description of Property Tax Abatement</b>	<b>Qualifying Property Type</b> Industrial. Commercial, Residential, Manufacturing

Purpose

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Implementation

Incentive Description

Limitations/Exclusions

Incentive Start Date

Incentive End Date

Source of Funds

Revenue Impact

Benefit to Zone Residents

Provider \_\_\_\_\_

Incentive      Utility Sales Tax Exemptions      Manufacturing, Machinery and Equipment Sales Tax Exemption  
                  Building Material Sales Tax Exemption      Investment Credit  
                  Property Tax Abatement (you must provide the additional information below)  
                  Fee Waivers      Other

For Property Tax Abatements, provide the following:

<b>Name of Taxing District</b>	<b>Description of Property Tax Abatement</b>	<b>Qualifying Property Type</b> Industrial. Commercial, Residential, Manufacturing

Purpose

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Implementation

Incentive Description

Limitations/Exclusions

Incentive Start Date

Incentive End Date

Source of Funds

Revenue Impact

Benefit to Zone Residents

If you need additional space, please attach a document in the same format as above.

**Illinois Enterprise Zone Program  
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**Application Certification**

THE APPLICANT CERTIFIES THAT:

To the best of my knowledge and belief, data and other information in this application are true and correct, and this document has been authorized by the governing body of the applicant. I further certify that each incentive authorized by the governing body will be implemented and that all necessary administrative procedures will be established and effected.

CERTIFYING REPRESENTATIVE: (To be signed by the Chief Elected Official)

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Date	Title
------	-------

CERTIFYING REPRESENTATIVE: (To be signed by the Chief Elected Official)

--	--

Date	Title
------	-------

CERTIFYING REPRESENTATIVE: (To be signed by the Chief Elected Official)

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Date	Title
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**Illinois Enterprise Zone Program  
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**Application Certification Instructions:**

**Upload a copy of each unit of government's elected official's original signature certification.** All original signature certifications **MUST BE mailed to the address below and** received in our office by 5 p.m. on December 31, 2015. **LATE DELIVERY OF THIS INFORMATION WILL RESULT IN AN UNQUALIFIED APPLICATION SUBMITTAL.**

**Illinois Department of Commerce and Economic Opportunity  
Enterprise Zone Program  
500 East Monroe, Fourth Floor  
Springfield, Illinois 62701**



**Illinois Enterprise Zone Program  
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**Local Zone Administrator Information**

Have you determined the Local Zone Administrator for your proposed zone? YES NO

If no display –**You must submit Local Zone Administrator information to the Department of Commerce should you be selected as an Enterprise Zone**

If yes, provide the following information for each Local Zone Administrator:

Local Zone Administrator Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Describe the responsibilities of the Local Zone Administrator:

If joint application provide the following information

Jurisdiction - \_\_\_\_\_

Describe the selection process and criteria used for the Local Zone Administrator:

**The selection process and criteria must also be stated in the initiating ordinance and intergovernmental agreement.**

Local Zone Administrator Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Describe the responsibilities of the Local Zone Administrator:

If joint application provide the following information

Jurisdiction - \_\_\_\_\_

Describe the selection process and criteria used for the Local Zone Administrator:

**The selection process and criteria must also be stated in the initiating ordinance and intergovernmental agreement.**

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Local Zone Administrator Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Describe the responsibilities of the Local Zone Administrator:

If joint application provide the following information

Jurisdiction - \_\_\_\_\_

Describe the selection process and criteria used for the Local Zone Administrator:

Local Zone Administrator Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Describe the responsibilities of the Local Zone Administrator:

If joint application provide the following information

Jurisdiction - \_\_\_\_\_

Describe the selection process and criteria used for the Local Zone Administrator:

**The selection process and criteria must also be stated in the initiating ordinance and intergovernmental agreement.**

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**Designating Units of Government**

Name of Unit of Government \_\_\_\_\_ Type \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ Village \_\_\_\_\_

For municipalities located in multiple counties, list the counties in which the Enterprise Zone is located

Applicable Counties \_\_\_\_\_

Chief Elected Official Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Primary Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Secondary Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Name of Unit of Government \_\_\_\_\_ Type \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ Village \_\_\_\_\_

For municipalities located in multiple counties, list the counties in which the Enterprise Zone is located

Applicable Counties \_\_\_\_\_

Chief Elected Official Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Primary Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Secondary Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Name of Unit of Government \_\_\_\_\_ Type \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ Village \_\_\_\_\_

For municipalities located in multiple counties, list the counties in which the Enterprise Zone is located

Applicable Counties \_\_\_\_\_

Chief Elected Official Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

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Primary Contact Name \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_  
Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Email \_\_\_\_\_

Secondary Contact Name \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_  
Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Email \_\_\_\_\_

Name of Unit of Government \_\_\_\_\_ Type \_\_\_\_ City \_\_\_\_ County \_\_\_\_ Village \_\_\_\_  
For municipalities located in multiple counties, list the counties in which the Enterprise Zone is located  
Applicable Counties \_\_\_\_\_

Chief Elected Official Name \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_  
Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Email \_\_\_\_\_

Primary Contact Name \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_  
Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Email \_\_\_\_\_

Secondary Contact Name \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_  
Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Email \_\_\_\_\_

Name of Unit of Government \_\_\_\_\_ Type \_\_\_\_ City \_\_\_\_ County \_\_\_\_ Village \_\_\_\_  
For municipalities located in multiple counties, list the counties in which the Enterprise Zone is located  
Applicable Counties \_\_\_\_\_

Chief Elected Official Name \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_  
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Primary Contact Name \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_  
Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Email \_\_\_\_\_

Secondary Contact Name \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_  
Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Email \_\_\_\_\_

If you need additional space, please attach a document in the same format as above.

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**LEGISLATORS**

**Please provide the name, address, email, and telephone number of each Illinois State Legislator whose district overlaps with any part of the proposed Enterprise Zone. Be sure to provide a complete list.**

Legislator Name \_\_\_\_\_ Branch \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_ Building Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_  
Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Legislator Name \_\_\_\_\_ Branch \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_ Building Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_  
Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Legislator Name \_\_\_\_\_ Branch \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_ Building Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_  
Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Legislator Name \_\_\_\_\_ Branch \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_ Building Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_  
Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Legislator Name \_\_\_\_\_ Branch \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_ Building Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_  
Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

Legislator Name \_\_\_\_\_ Branch \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_ Building Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_  
Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

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Legislator Name \_\_\_\_\_ Branch \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_ Building Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_  
Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

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